ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD.

ANCHORAGE

AK 99503-3898

DISCHARGE MONITORING REPORT (DMR) AK0022551 PERMIT NUMBER

FROM

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) F - FINAL

FACILITY:

ADDRESS:

NAME:

JOHN M. ASPLUND WWTF----301 (H)

LOCATION: ANCHORAGE, AK 99502

MARK DREMO DE GENIMOD AMANIE ATTNI

MONITORING PERIOD *** NO DISCHARGE 05 | 08 | 01 05 | 08 | 31 TO

ATTN: MARK PREMO P.E. GEN MGR. AWWU				NOTE: Read instructions before completing this form.							
PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	16.6	(04)	N/A	FOUR/ WEEK	GRAB
00010 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	******	****	沙埃沙沙埃	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	16.9	(04)	N/A	FOUR/ WEEK	GRAB
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	长有太衣 女者	****	共央共 共元	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	****	0.9	*****	****	(19)	N/A	FOUR/ WEEK	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	****	***	REPORT MO MIN	****	并非法的法律	MG/L		FOUR/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	58723	*****	(26)	****	234	*****	(19)	N/A	FOUR/ WEEK ¹⁾	COMP24
00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	有有大大的女	LBS/DY	***	REPORT MO AVG	****	MG/L		FOUR/ WEEK	COMP 24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	47904	(26)	**************************************	****	187	(19)	0	FOUR/ WEEK 1)	COMP24
00310 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	90100 DAILY MX	LBS/DY	*****	******	300 DAILY MX	MG/L		FOUR/ WEEK	COMP 24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	39677	45072	(26)	****	158	170	(19)	0	FOUR/ WEEK 1)	COMP24
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REGUIREMENT	72100 MO AVG	75100 WKLY AVG	LBS/DY	****	240 MO AVG	250 WKLY AVG	MG/L		FOUR/ WEEK	COMP 24
РН	SAMPLE MEASUREMENT	*****	*****	****	7.1	*****	7.4	(12)	N/A	FOUR/ WEEK	GRAB
00400 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	su		FOUR/ WEEK	GRAB
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH / / / / / / / TELEPHONE DATE									·TΕ		
J. Kris Warren THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED THE DEPORT OF THE PROPERTY OF THE SUBMITTED THE DEPORT OF THE SUBMITTED THE SUBMI											
Manager, Treatment Division INFORMATION IS TRUE, ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND SIGNATURE OF PRINCIPAL EXECUTE SIGNATURE OF PRINCIPAL EXECU								9/08			
TYPED OR PRINTED		ONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to OFFICER OR AUTHORIZED AGEN and or maximum imprisonment of between 6 months and 5 years.)						AREA CODE			NO DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) 1) RODs for 8/3/05 & 8/4/05 invalid due to lab error - only two reportable ROD tests that week Two extra ROD tests run later in month.											
1) BODs for 8/3/05 & 8/4/05 invalid due to lab error - only two reportable BOD tests that week. Two extra BOD tests run later in month. U SCP 1 2 2005											

U.S. EPA REGION 10 PA OFFICE OF COMPLIANCE AND ENFORCEMENT

PAGE 1 OF 3

PERMITTEE NAME/ADDRESS:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

NAME: ADDRESS:

ATTN.

ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD.

ANCHORAGE AK 99503

DISCHARGE MONITORING REPORT (DMR) AK0022551 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) F - FINAL

FACILITY: JOHN M. ASPLUND WWTF----301 (H)

LOCATION: ANCHORAGE, AK 99502

MARK PREMO P E GEN MGR AWWII

MONITORING PERIOD 05 | 08 | 01 05 | 08 | 31 FROM TO

*** NO DISCHARGE

NOTE: Read instructions before completing this form

ATTN: MARK PREMOP	'.E. GEN MGR.	AVVVU					NOTE: Read inst	ructions bet	ore con	npleting this	; form.
PARAMETER	QUANTITY OR LOADING					NO.	FREQUENCY OF	SAMPLE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE
PH	SAMPLE MEASUREMENT	*****	****	****	6.8	****	7.3	(12)	0	FOUR/ WEEK	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	士大大士大	****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		FOUR/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	58665	*****	(26)	*****	235	*****	(19)	N/A	FOUR/	COMP24
00530 G 0 0 RAW SEW/INFLUENT	PERMIT RECAUREMENT	REPORT MO AVG	*****	LBS/DAY	计方式计算	REPORT MO AVG	****	MG/L		FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	18680	(26)	*****	*****	66	(19)	0	FOUR/	COMP24
00530 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	57000 DAILY MX	LBS/DAY	*** **	*** **	190 DAILY MX	MG/L			COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	12641	13658	(26)	*****	51	55	(19)	0	FOUR/ WEEK ²⁾	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	51000 MO AVG	54000 WKLY AVG	LBS/DAY	*****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/ WEEK	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	****	*****	22.0	*****	(19)	N/A	ONCE/ MONTH	COMP24
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	CE I	VER	REPORT MO AVG	建筑等收货 等	MG/L	N/A	ONCE/ MONTH	COMP24
FECAL COLIFORM, MPN, EC MED, 44.5C	SAMPLE MEASUREMENT	*****	*#	FD 1 2	*****	450	****	(30)	1	THREE/ WEEK	GRAB
31615 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	005 12/	850 MO GEO	*************************************	MPN/ 100ML		THREE/ WEEK	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	29.725	**************************************	S. EPA REGION MPLIADS) AND	10 ****** ENFORCEMENT	*****	*****	****	N/A	CONTIN UOUS 3)	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	水水水水 和	MGD	****	*****	计算法计算	***		CONTIN	RCORDR
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH							TELEPHONE		DATE		
J. Kris Warren THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED											
Manager, Treatment Division Manager, Treatment Division Information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. §1001 and 33 U.S.C. §1319. (Penalties under these statutes may include fines up to							(907)564-2799		05/09/08		
TYPED OR PRINTED \$10,000 and or maximum imprisonment of between 6 months and 5 years.) OFFICER OR AUTHORIZED AGENT							AREA CODE NUMBER YEAR MO DAY				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

Fecal coliform limit reads "Not more than 10% of the samples shall exceed 2600 FC MPN/ 100 mL." Two samples in August exceeded 2600 FC MPN/100 mL, which exceeds this limit. Letter of explanation attached. 2) TSS samples for 8/9/05 not tested because samples deemed unrepresentative. Extra test was run the following week. 3) see next page

PERMITTEE NAME/ADDRESS:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

NAME:

ANCHORAGE, MUNICIPALITY OF

ADDRESS: 3000 ARCTIC BLVD **ANCHORAGE**

AK 99503

DISCHARGE MONITORING REPORT (DMR) AK0022551 001 A PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 02) È - FINAL

FACILITY:

JOHN M. ASPLUND WWTF----301 (H)

LOCATION: ANCHORAGE AK 99502

MONITORING PERIOD *** NO DISCHARGE 05 | 08 | 01 05 | 08 | 31 TO

FROM MARK PREMO P.E. GEN MGR. AWWU NOTE: Read instructions before completing this form. ATTN: QUANTITY OR CONCENTRATION FREQUENCY QUANTITY OR LOADING PARAMETER NO SAMPLE FΧ ANALYSIS TYPE MAXIMUM LINIT AVERAGE MAXIMUM UNITS MINIMUM AVERAGE CHLORINE. TOTAL SAMPLE **EVERY** ***** -2--2--2--2--2--2 O **GRAB** 0.8 (19)MEASUREMENT 3 HRS RESIDUAL 1.2 EVERY PERMIT 50060 1 0 0 ***** GRAB REQUIREMENT MG/L DAILY MX 4 HRS **FFFI UENT GROSS VALUE** SAMPLE ONCE/ BOD. 5-DAY ------المعادمة والمعادمة الدخاميات والدوارة **** 32 N/A CALCTD (23)MEASUREMENT MONTH PERCENT REMOVAL PERMIT REPORT PER-ONCE/ 81010 K 0 0 **** N/A CALCTD REQUIREMENT CENT MONTH ----MO AVG PERCENT REMOVAL SOLIDS, SUSPENDED SAMPLE ONCE/ ***** **** N/A ----78 CALCTD (23)MEASUREMENT MONTH PERCENT REMOVAL 81011 K 0 0 PERMIT REPORT PER-ONCE/ ****** **** N/Α CALCTD RECUIREMENT ----MO AVG CENT MONTH PERCENT REMOVAL OFFICE OF COMPLIANCE AND ENFO TELEPHONE NAME / TITLE PRINCIPAL EXECUTIVE OFFICER IN CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH DATE THE INFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS J. Kris Warren IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT Manager, Treatment Division PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND SIGNATURE OF PRINCIPAL EXECUTIVE 05/09/08 (907)564-2799 IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to OFFICER OR AUTHORIZED AGENT TYPED OR PRINTED \$10,000 and or maximum imprisonment of between 6 months and 5 years.) YEAR MO DAY AREA CODE NUMBER Forms by WindowChem(707)864-0845;p/n11090;v5.01;4/1/96, Rev. 1/05, BN

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Whole Effluent Toxicity testing report enclosed for samples collected in July 2005.

3) Flow meter out of service - flows were estimated and composite samples were time rather than flow-proportional. See attached letter of explanation.